MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/049746

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51							
2				1			52							
3				1			53							
4				1			54							
5				1			55							
6				1			56							
7				1			57							
8				1			58							
9				1			59							
10				1			60							
11				1			61							
12			1				62							
13			1				63							
14				1			64							
15				1			65							
16				1			66							
17				1			67							
18				1			68							
19				1			69							
20				1			70							
21				1			71							
22				1			72							
23				1			73							
24				1			74							
25				1			75							
26							76							
27							77							
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32							82							
33							83							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3				TOTAL IND.							
TOTAL DEP.			22				TOTAL DEP.							
TOTAL CLAIMS			25				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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